



# 15th Annual Mid Pines Hickory Open Championship

## Tournament Entry Form

November 15-17, 2019

Please include your entry fee of \$300 per person with completed form.

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State/Pro Zip/PC

Phone (home) \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Email \_\_\_\_\_

Division:      Open      Senior (Over 60)      Super Senior 70+      Ladies

SoHG Handicap Index \_\_\_\_\_ Other Index \_\_\_\_\_

If using other index indicate below name of golf club, golf professional and phone number for index information.

Saturday Night Trade Show Table Reservation      Yes      No

The tournament handicap committee reserves the right to confirm all handicaps as well as make adjustments to handicaps during the tournament as may be necessary. All decisions of the tournament handicap committee will be final.

### Friday Foursomes Event at Pine Needles

Please include your entry fee of \$200 per team

Name \_\_\_\_\_ Partner Name \_\_\_\_\_

No Room Required

#### Room Reservation Form

Room Rate: \$99 per room, per night\* (Mid Pines)

Room Rate \$139 per room, per night\* (Pine Needles)

Email for Confirmation \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

\*Includes standard deluxe room at Mid Pines. All taxes are additional. To confirm your reservation, an advance deposit of your first night's stay is due with the application.

|                     |   |             |
|---------------------|---|-------------|
| I wish to pay by:   | Check/Cash \$ _____   |             |
|                     | <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover |             |
| Credit Card # _____ | Exp. Date ____ / ____   | VIN # _____ |
| Name on Card _____  | Signature _____   |             |

Please fax completed form to 910-692-5349 or mail to: MP/1010 Midland Rd. Southern Pines, NC 28387